

much the same way we did in the recent matter involving Indonesia.

But if you look at what we did in Indonesia, if you look at what we did in Mexico, you see that the moral hazard argument doesn't come into play because we didn't agree to provide assistance and backup financial support until there was in place a rigorous plan that had a high likelihood of success in restoring long-term health and stability to the country. If you look at the results that were obtained in Mexico, they took a lot of tough medicine, they took a lot of hits to their economy, but it rebounded much more quickly than anyone thought it would, and they paid the money back to us ahead of time and at a profit. And if the plan that was adopted for Indonesia is vigorously implemented in good faith, I believe it will have similar results.

When our finance ministers met in Manila, we agreed that that was the formula that we would try to follow, that the country would reach a strong agreement with the IMF, and then if more funds were needed, at least in a backup situation, if the IMF fund should not be enough, then the United States, Japan, and others, in accordance with their ability, would be there to do that. I think we should be prepared to do that in the case of Korea if there's a strong agreement that has a high likelihood of restoring stability and confidence.

Internet Antipornography Agreement

Q. How do you regard the antipornography agreement—[inaudible]—Mr. President—[inaudible]—

The President. I hope it works. I encouraged them to do it, and I'm glad they're doing it. I wish them well.

NOTE: The President spoke at 11:40 a.m. in the Cabinet Room at the White House. In his remarks, he referred to President Jiang Zemin of China.

Memorandum on Integration of HIV Prevention in Federal Programs Serving Youth

December 1, 1997

Memorandum for the Heads of Executive Departments and Agencies

Subject: Integration of HIV Prevention in Federal Programs Serving Youth

Adolescence marks a major rite of passage, a transition from childhood to adulthood. It is a period of significant physical, social, and intellectual growth and change. It is also a period of experimentation and risk-taking. The choices that young people make during these years profoundly affect their chances of becoming healthy, responsible, and productive adults.

Unfortunately, too many young people lack the support and self-esteem needed to make sound decisions, and end up putting their lives and their futures at risk. Today, it is estimated that one-quarter of all new HIV infections in the United States occur in young people between the ages of 13 and 21. This means that two Americans under the age of 21 become infected with HIV every hour of every day. The Centers for Disease Control and Prevention reports that in some communities as many as one in thirty 18- and 19-year olds may be HIV-positive.

For young people who become infected, there are promising new treatments available to help them live longer and more productive lives. Yet these treatments only forestall the progression of the disease; they do not constitute a cure. In fact, AIDS is the sixth leading cause of death among young people 15–24 years old (and the leading cause of death among African Americans of the same age group). The loss of so many young Americans to this terrible epidemic is a threat to this Nation and should serve as a call to action.

My Administration is firmly committed to doing everything within its power to end the AIDS epidemic. That includes finding a cure for those already infected as well as a vaccine to keep others from developing the disease.

This commitment also includes reaching out in new ways to enable young people to protect themselves from acquiring or spreading HIV infection.

Accordingly, I hereby direct:

- That each Federal agency, within 90 days, working with the Department of Health and Human Services (HHS) and the Office of National AIDS Policy (ONAP) identify all programs under its control that serve young people ages 13–21 and that offer a significant opportunity for preventing HIV infection; and
- That each Federal agency, in collaboration with the HHS and ONAP, develop within 180 days a specific plan through which said programs could increase access to HIV prevention and education information, as well as to supportive services and care for those already infected.

William J. Clinton

Proclamation 7056—World AIDS Day, 1997

December 1, 1997

By the President of the United States of America

A Proclamation

For more than 15 years, America and the world have faced the challenges posed by HIV and AIDS. This devastating disease respects no borders and does not discriminate. In every city, town, and community, we have lost sons and daughters, brothers and sisters, mothers and fathers, life partners and friends. HIV and AIDS have affected us all, regardless of income, region, gender, race, religion, sexual orientation, or age. Sadly, both the number of people living with AIDS and the number of new HIV infections is rising worldwide. This year, as we observe the tenth World AIDS Day, we recognize with particular concern the toll HIV and AIDS continue to take on our children and youth.

The statistics are heartbreaking. In America alone, more than 7,500 children under the age of 13 have been diagnosed with AIDS. Every hour of every day, two more Americans under the age of 21 become in-

fectured with HIV. Around the world, more than 1 million children are living with HIV and AIDS. Twelve hundred children die of AIDS each day, even as 1,600 more become infected with the HIV virus. Compounding this tragedy is the terrible reality that many of the world's young people who are living with HIV and AIDS do not have access to the life-extending drugs and medical protocols that our scientists and doctors have developed. There is also a critical shortage of prescription drugs suitable for children suffering from pediatric HIV and AIDS. Of the 14 approved drugs for adults and adolescents, only five are approved for children.

From the earliest days of my Administration, we have sought to meet the challenges posed by AIDS with increased resources and action. I am proud of our success, with the cooperation of the Congress, in dramatically increasing funding for AIDS prevention measures and research. Such programs and research have helped to slow the spread of HIV and AIDS and have made possible the production of new drugs that are extending the lives of people with HIV and AIDS here at home and around the world.

But our progress against the scourge of AIDS has not been the result of government action alone. We have been able to make these great strides in understanding and treating HIV and AIDS thanks in large part to the hard work and commitment of thousands of researchers, health care providers, and clinical trial participants. I am proud as well of the resounding response of courage, compassion, responsibility, and love that the AIDS crisis has brought forth from our people. The lesbian and gay community, particularly in the early years of this epidemic, energized existing organizations and created new institutions to respond to the unmet needs of those living with HIV and AIDS. Educators and activists, members of religious and civic groups, business and labor organizations, and tens of thousands of other men and women of goodwill have joined together to comfort the afflicted and bring an end to this disease.

We can rejoice in our progress, but we cannot rest. In May, I announced a new HIV vaccine initiative, and I am pleased that the global community has joined together in